



THE
ALABAMA
STATE
BOARD OF
SOCIAL
WORK
EXAMINERS

CONTRACT FOR SUPERVISION

Must be submitted for approval by the Board: ABSWE, PO Box 301620, Montgomery, AL 36130-1620

Supervisee: _____ **SSN:** _____
Last First Middle/Maiden

License Number: _____ License Level: _____

Place of Employment: _____ Position: _____

Employment Address: _____
Street Address City State Zip

Supervisor: _____ **SSN:** _____
Last First Middle/Maiden

Place of Employment: _____ Phone: _____

Employment Address: _____
Street Address City State Zip

License Number: _____ License Level: _____ PIP#: _____

Is this Supervision within the Agency? Yes ___ No ___ Registered as Supervisor: Yes ___ No ___

Dates of Supervision: From _____ to _____.

It is understood that a minimum of four hours per month of face-to-face supervision is required for 24 months within a 36 month period for Social Work Licensure.

Method of supervision: Group: ___ Individual: ___ Combination: ___

Practice supervised: Clinical: ___ Casework: ___ Administration: ___ Community Org.: ___ Research: ___

If supervision is provided under contract with a PIP, the cost of the supervision is _____ per hour, payable monthly after supervision for that month is completed. Payment of the supervision is the responsibility of _____.

The supervisor agrees to adhere to the confidentiality policies of the Supervisee's employing agency.

It is agreed that written evaluations will be completed by the supervisor, using the approved evaluation form at the end of the 12th and 24th month of the supervisory period. A copy of the evaluation form will be given to the supervisee, the original submitted to the Board, and a copy maintained by the supervisor. It is agreed that if either party terminates this contract, the supervisor will promptly complete the evaluation and termination forms and submit them to the Board. The undersigned agree to adhere to the guidelines on supervision.

Supervisee's Signature _____ Date _____ Supervisor's Signature _____ Date _____

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Approved: _____ Disapproved: (attach explanation) _____ Date: _____